

The District of Columbia
State Plan

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE NUMBERS</u>
State Plan Submittal Statement	1
SECTION 1 - SINGLE STATE AGENCY ORGANIZATION	2
1.1 Designation and Authority.....	2
1.2 Organization for Administration	7
1.3 Statewide Operation	8
1.4 State Medical Care Advisory Committee.....	9

<u>SECTION</u>	<u>PAGE NUMBERS</u>
SECTION 2 - COVERAGE AND ELIGIBILITY	10
2.1 Application, Determination of Eligibility and Furnishing Medicaid	10
2.2 Coverage and Conditions of Eligibility.....	12
2.3 Residence	13
2.4 Blindness.....	14
2.5 Disability	15
2.6 Financial Eligibility	16
2.7 Medicaid Furnished Out of State.....	18

<u>SECTION</u>	<u>PAGE NUMBERS</u>
SECTION 3 - SERVICES: GENERAL PROVISIONS	19
3.1 Amount, Duration, and Scope of Services	19
3.2 Coordination of Medicaid with Medicare Part B	29
3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases	30
3.4 Special Requirements Applicable to Sterilization Procedures	31
3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries	31a

[REDACTED]

[REDACTED]

[REDACTED]

<u>SECTION</u>	<u>PAGE NUMBERS</u>
SECTION 4 - GENERAL PROGRAM ADMINISTRATION	32
4.1 Methods of Administration	32
4.2 Hearings for Applicants and Recipients	33
4.3 Safeguarding Information on Applicants and Recipients	34
4.4 Medicaid Quality Control	35
4.5 Medicaid Agency Fraud Detection and Investigation Program	36
4.6 Reports	37
4.7 Maintenance of Records	38
4.8 Availability of Agency Program Manuals	39
4.9 Reporting Provider Payments to the Internal Revenue Service	40
4.10 Free Choice of Providers	41
4.11 Relations with Standard-Setting and Survey Agencies	42
4.12 Consultation to Medical Facilities	44
4.13 Required Provider Agreement	45
4.14 Utilization Control	46
4.15 Inspections of Care in Skilled Nursing and Intermediate Care Facilities and Institutions for Mental Diseases	51
4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees	52
4.17 Liens and Recoveries	53
4.18 Cost Sharing and Similar Charges	54
4.19 Payment for Services	57

APR 01 1987

<u>SECTION</u>	<u>PAGE NUMBERS</u>
4.20 Direct Payments to Certain Recipients for Physicians' or Dentists' Services	67
4.21 Prohibition Against Reassignment of Provider Claims	68
4.22 Third Party Liability	69
4.23 Use of Contracts	71
4.24 Standards for Payments for Skilled Nursing and Intermediate Care Facility Services	72
4.25 Program for Licensing Administrators of Nursing Homes	73
4.26 RESERVED	74
4.27 Disclosure of Survey Information and Provider or Contractor Evaluation	75
4.28 Appeals Process for Skilled Nursing and Intermediate Care Facilities	76
4.29 Conflict of Interest Provisions	77
4.30 Exclusion of Providers and Suspension of Practitioners Convicted and Other Individuals	78
4.31 Disclosure of Information by Providers and Fiscal Agents	79
4.32 Income and Eligibility Verification System	79
4.33 Medicaid Eligibility Cards for Homeless Individuals	79a

v

~~Approved~~

TN No. 87-5
Supersedes _____
TN No. _____

Approval Date MAY 02 1988 Effective Date JUL 01 1988

HCFA ID: 1002P/0010P

<u>SECTION</u>	<u>PAGE NUMBERS</u>
SECTION 5 - PERSONNEL ADMINISTRATION	80
5.1 Standards of Personnel Administration	80
5.2 RESERVED	81
5.3 Training Programs; Subprofessional and Volunteer Programs	82

~~APR 01 1987~~

<u>SECTION</u>	<u>PAGE NUMBERS</u>
SECTION 6 - FINANCIAL ADMINISTRATION	83
6.1 Fiscal Policies and Accountability	83
6.2 Cost Allocation	84
6.3 State Financial Participation	85

TM No. 87-5
Supersedes _____
TM No. _____

APPROVED
Approval Date MAY 6, 1986 Effective Date JULY 1, 1986

HCFA ID: 1002P/0010P

Revision: HCFA-PM-91- 4 (BPD)
August 1991

OMB No. 0938-

<u>SECTION</u>	<u>PAGE NUMBERS</u>
SECTION 7 - GENERAL PROVISIONS	86
7.1 Plan Amendments	86
7.2 Nondiscrimination	87
7.3 Maintenance of AFDC Effort	88
7.4 State Governor's Review	89

TN No. G1-9 Approval Date NOV. 30 1993 Effective Date 10/31/91
Supersedes 87-5 HCFA ID: 7982E
TN No.

LIST OF ATTACHMENTS

No.Title of Attachment

- *1.1-A Attorney General's Certification
- *1.1-B Waivers under the Intergovernmental Cooperation Act
- 1.2-A Organization and Function of State Agency
- 1.2-B Organization and Function of Medical Assistance Unit
- 1.2-C Professional Medical and Supporting Staff
- 1.2-D Description of Staff Making Eligibility Determination
- 2.1-A Definition of an HMO that Is Not Federally Qualified
- *2.2-A Groups Covered and Agencies Responsible for Eligibility Determinations
 - Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
 - Supplement 2 - Definitions of Blindness and Disability (Territories only)
 - Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
- *2.6-A Eligibility Conditions and Requirements (States only)
 - Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
 - Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
 - Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
 - Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

*Forms Provided

TM No. 91-9 Approval Date 10/17/91 Effective Date 10/31/91
Supersedes 87-5 TM No. 87-5 HCFA ID: 7982E

#2.

Title of Attachment

- Supplement 5 - Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
- Supplement 5a - Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
- Supplement 6 - Standards for Optional State Supplementary Payments
- Supplement 7 - Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
- Supplement 8 - Resource Standards for 1902(f) States - Categorically Needy
- Supplement 8a - More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act
- Supplement 8b - More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
- Supplement 9 - Transfer of Resources
- Supplement 10 - Consideration of Medicaid Qualifying Trusts--Undue Hardship

*2.6-A Eligibility Conditions and Requirements (Territories only)

- Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
- Supplement 2 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
- Supplement 3 - Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
- Supplement 4 - Consideration of Medicaid Qualifying Trusts--Undue Hardship
- Supplement 5 - More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
- Supplement 6 - More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

*Forms Provided

TM No. 91-9
 Supersedes Approval Date NOV. 00 1993 Effective Date 10/31/91
 TM No. 87-5 MCFA ID: 7982Z

No.Title of Attachment

- *3.1-A Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
 - * Supplement 1 - Case Management Services
 - Supplement 2 - Alternative Health Care Plans for Families Covered Under Section 1925 of the Act
- *3.1-B Amount, Duration, and Scope of Services Provided Medically Needy Groups
- 3.1-C Standards and Methods of Assuring High Quality Care
- 3.1-D Methods of Providing Transportation
- *3.1-E Standards for the Coverage of Organ Transplant Procedures
- 4.11-A Standards for Institutions
- 4.14-A Single Utilization Review Methods for Intermediate Care Facilities
- 4.14-B Multiple Utilization Review Methods for Intermediate Care Facilities
- 4.16-A Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
- 4.17-A Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home
- *4.18-A Charges Imposed on Categorically Needy
- *4.18-B Medically Needy - Premium
- *4.18-C Charges Imposed on Medically Needy and other Optional Groups
- *4.18-D Premiums Imposed on Low Income Pregnant Women and Infants
- *4.18-E Premiums Imposed on Qualified Disabled and Working Individuals
- 4.19-A Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care

*Forms Provided

TM No. 91-9
Supersedes 87-5 Approval Date NOV. 30 1993

Effective Date 10/31/91
MCPA ID: 79828

No.

Title of Attachment

- 4.19-B Methods and Standards for Establishing Payment Rates - Other Types of Care
 - Supplement 1 - Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
- 4.19-C Payments for Reserved Beds
- 4.19-D Methods and Standards for Establishing Payment Rates - Skilled Nursing and Intermediate Care Facility Services
- 4.19-E Timely-Claims Payment - Definition of Claim
- 4.20-A Conditions for Direct Payment for Physicians' and Dentists' Services
- 4.22-A Requirements for Third Party Liability--Identifying Liable Resources
- *4.22-B Requirements for Third Party Liability--Payment of Claims
- *4.32-A Income and Eligibility Verification System Procedures: Requests to Other State Agencies
- *4.33-A Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
- 7.2-A Methods of Administration - Civil Rights (Title VI)

*Forms Provided

TN No. 91-9 Supersedes _____ Approval Date NOV 20 1988 Effective Date _____
TN No. _____ HCFA ID: 7982E